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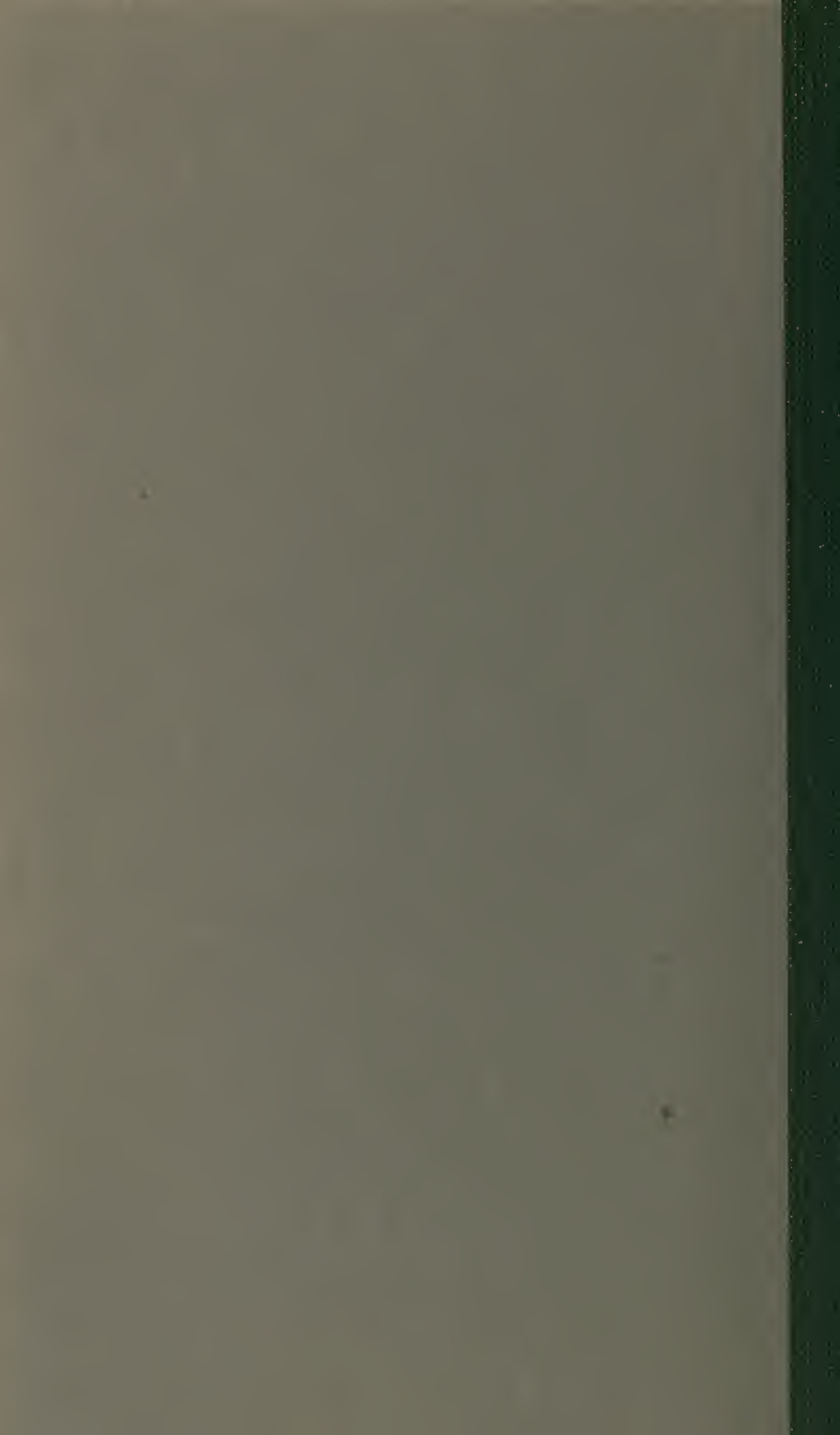
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Habitual Drunkards' Act
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With S. S. Alford's compliments.

A PAPER READ BEFORE THE

Social Science Association,

ON THE

HABITUAL DRUNKARDS' ACT

OF 1879,

WITH AN ACCOUNT OF A VISIT TO THE

AMERICAN INEBRIATE HOMES,

FEBRUARY 2, 1880,

BY

STEPHEN S. ALFORD, F.R.C.S.

LONDON :

H. K. LEWIS, 136, GOWER STREET.

1880.

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FOR THE CONTROL AND CURE OF

HABITUAL DRUNKARDS.

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THE
HABITUAL DRUNKARDS' ACT OF 1879:

THE CLASS OF PERSONS FOR WHOM IT IS INTENDED,
AND HOW IT MAY BE ADMINISTERED;
WITH AN ACCOUNT OF
A RECENT VISIT TO THE AMERICAN INEBRIATE HOMES.

THE Habitual Drunkards' Act of 1879 is the result of the agitation of a small but influential society, organised on September 22, 1876, when Dr. Alfred Carpenter, of Croydon, presided at a meeting held at the Charing Cross Hotel, and the "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards" was formed. Lord Shaftesbury was appointed president, Dr. Carpenter treasurer, and myself honorary secretary. To the unwearied exertions of this society the much needed, and at length achieved, legislation is mainly due.

The public had long been perplexed by the helpless condition of habitual drunkards, the insane infatuation of their drink-craving, and the consequent abandonment, which tended undoubtedly to the fostering of crime, lunacy, and pauperism; and hence the conviction was entertained that, unaided, they were powerless to extricate themselves.

The importance of restraining habitual drunkards was enforced in Dr. R. B. Grindrod's prize essay, "Bacchus." In the first edition, published in 1839, page 506, is the following extract:—

"Drunkenness may correctly be considered as a species of voluntary insanity. A question therefore arises, whether, under such

circumstances, it would not be justifiable and humane on the part of the Legislature to enact such a measure as would place persons subject to fits of intemperance under temporary confinement or control? The question is of great importance; a law, indeed, to this effect would be not only an act of mercy to the drunkard himself, but in its operation it might be productive of a salutary influence in restraining the prevalence of intemperance."

Twenty thousand copies of this essay were circulated in America, and doubtless led to legislative effort in that country.

This question had a special prominence in the evidence given in 1855 before the Scottish Lunacy Commissioners, and in the Report of these Commissioners in 1857. In January, 1858, Dr. Alexander Peddie contributed a paper, on "The Necessity of Legislation for the Control and Treatment of Insane Drinkers," to the Medico-Chirurgical Society of Edinburgh. In March of the same year Sir Robert Christison delivered a lecture, at a conversazione of the Royal College of Surgeons, Edinburgh, on "The Medico-Legal Relations of the Habits of Intemperance." Dr. Peddie also read a paper, in September, 1860, before the Social Science Association meeting in Glasgow, on "Dipsomania, a Proper Subject for Legal Provision," which caused considerable discussion at the meeting, and in the papers and journals of the day. Dr. Peddie also got up a meeting of the medical profession in Scotland, in June, 1861, "for considering the proposed amendments of the Lunacy Act," but mainly for the purpose of bringing the inebriate question to the front, as shown by the report of the meeting, and a resolution proposed by Dr. Peddie, and seconded by Dr. W. T. Gardiner, and agreed to unanimously, part of which ran as follows:—

"That many cases of excessive intemperance depend on disease, and constitute a form of insanity. That such cases cannot be treated without confinement, more or less strict. That in the present condition of the law such treatment is frequently unattainable."

The newspapers of the day kept up a controversy on this subject. About this time it took a practical shape in America; and in Australia it was pushed forward by Dr. C. McCarthy, of Northcote, Melbourne, and in both countries legislative enactments were established.

In 1868 Dr. Peddie wrote an article on "Dipsomania," in "Chambers' Encyclopædia." Thus Dr. Grindrod and Dr. Peddie have been the pioneers of the movement in this country.

Difficulties were constantly occurring in the disposal of this helpless class, tying the hands of medical men and friends, so that they were obliged to leave them to work out their own destruction, and the misery and ruin of all depending on them. Hence there arose a feeling in the public mind that something ought to be done by the Legislature to remedy this evil.

In 1866 the late Dr. Forbes Winslow published a pamphlet on "Uncontrollable Drunkenness considered as a Form of Mental Disorder. With Suggestions for its Treatment, and the organisation of Sanatoria for Dipsomaniacs."

Mr. J. Turner, a solicitor, in 1867 prepared a short Bill, as an amendment of the Law of Lunacy, so as to include habitual drunkards; but after much trouble and expense he was obliged to abandon it. This neglected class was further recognised by the Licensing System Amendment Association—an association founded in 1868 by Colonel Akroyd, of Halifax, for promoting a measure for the transfer of the power of granting licences from the Excise to the Magistracy. Having accomplished its object, the society turned its attention, in 1870, to the question of habitual drunkenness. On March 4 in that year the late Dr. Donald Dalrymple, M.P. for Bath, moved the following resolution in the House of Commons: "That it is desirable to legislate for the proper reception, detention, and management of habitual drunkards;" which resolution he withdrew, on an intimation from the Home Secretary (Mr. Bruce) that he would consider a Bill on the subject, if presented. During the session of that year a Bill "To Amend the Law of Lunacy, and to Provide for the Management of Habitual Drunkards" was submitted to the House of Commons by Dr. Dalrymple, Mr. Gordon, and Mr. Pease. This Bill, however, was withdrawn. The Licensing System Amendment Association then placed at the disposal of the promoters of the Bill their extensive organisation and support, the value of which Dr. Dalrymple was often wont to acknowledge. The first occasion, outside the House, on which Dr. Dalrymple publicly explained the provisions of his Bill, was in November, 1870, when he addressed a meeting which had been convened for the purpose by the Licensing System Amendment Association. That Association had previously obtained valuable data in the shape of returns from nearly all the chief and head constables of the kingdom as to convictions for drunkenness. These returns were tabulated and printed, and placed in the hands of Her Majesty's Government, of Peers, Members of Parliament, and other leading men. The

Association also raised a considerable sum in support of this special agitation.

During the recess, Dr. Dalrymple visited eight inebriate institutions in the United States, and one in Canada. His interesting account of this visit will be found in the Report of the Habitual Drunkards Committee of the House of Commons of 1872.

In the next Session of Parliament (1871) Dr. Dalrymple's Bill was again introduced, but the Home Secretary (Mr. Bruce) promising to support the appointment of a Select Committee on the subject, the Bill was for the second time withdrawn. The Committee was nominated in 1872, when witnesses were examined from all parts of the country. The superintendents of two of the successful American institutions, Dr. J. Parrish and Dr. D. G. Dodge, were also specially invited over, and gave most useful and valuable evidence. The Committee brought up their Report in June, and in July a new Bill, based on the recommendations of the Committee, was presented by Dr. Dalrymple, Colonel Akroyd, Mr. Downing, Mr. Read, and Mr. Miller. In 1873 the Bill was again brought in, but, on the order for the second reading, the House was counted out, and later on in the Session the Bill was withdrawn. A concurrence of circumstances—namely, the death of Dr. Dalrymple, the general election of 1874, the retirement of Colonel Akroyd from parliamentary and public life, and the consequent dissolving of the Licensing System Amendment Association, tended to retard the progress of the movement for promoting this legislation.

On July 2, 1875, a large and influential deputation, representing the Legislature, the clergy, and very largely the medical profession, both of England and Scotland, waited on the Home Secretary (Mr. Cross) with a memorial, signed by the leading men of the United Kingdom, urging the Government to carry out practically the recommendations of the Select Committee appointed at the instance of the late Dr. Dalrymple, M.P., "for the control and management of a class of persons known as Habitual Drunkards or Dipsomaniacs." Lord Shaftesbury introduced the deputation. The memorial handed to the Minister was signed by Lord H. Scott, M.P., Lord Houghton, Sir H. Davie, M.P., Dr. Lush, M.P., Mr. McCarthy Downing, M.P., the Dean of Westminster, Sir G. Burrows, President of the Royal College of Physicians, Sir W. Fergusson, Sir T. Watson, Sir James Paget, Sir W. Gull, Sir Robert Christison, Sir H. Thompson, Dr. Murchison, Dr. Sibson, Canon Conway, Rev.

D. Cox, Mr. Lord, Dr. C. J. B. Williams, Dr. J. Wood, Dr. Pigot, Dr. Monro, Dr. Farquharson, Mr. Holthouse, Dr. A. P. Stewart, Mr. W. C. Garman, Dr. G. T. Bodington, of Birmingham, and Dr. Peddie, Edinburgh, the principal surgeons and physicians of the London hospitals, and many others. The Home Secretary thought there were difficulties in the way, but promised that the memorial should receive that consideration from the Government its importance deserved.

In July, 1874, Mr. W. C. Garman read a paper on Habitual Drunkenness before the Birmingham and Midland Counties Branch of the British Medical Association. Dr. J. Russell also addressed the same branch on "Alcoholism from a Criminal Point of View."

At a General Meeting of the British Medical Association at Edinburgh, in August, 1875, papers were read by Dr. A. Peddie, entitled "Remarks on the Necessity of Legislation for the Control and Treatment of Insane Drunkards"; and by Dr. G. F. Bodington, on "The Control and Restraint of Habitual Drunkards"; after which an important discussion took place on the subject, which was then referred to an Habitual Drunkards Committee that had recently been appointed by the British Medical Association. Many pamphlets appeared in this year on the subject; among others, one by Dr. Eastwood, of Darlington, on "The Treatment of Habitual Drunkards," and one by myself, on "Drink Craving." The question was also noticed at the Church Congress, held at Stoke-upon-Trent in the autumn of that year.

In 1876 there appeared in the *Quarterly Review* an article, known to have been written by Lady Eastlake, which roused a strong feeling on the subject. On March 29, of the same year, Dr. A. Carpenter, of Croydon, read a paper at a meeting of the Social Science Association, on "The Legislation which is required to meet the case of the Habitual Drunkard," after which a discussion took place. In August of that year I read a paper at a general meeting of the British Medical Association, at Sheffield, on "Obstacles which delay our obtaining Legislative Power for the Protection and Treatment of Confirmed Drink Cravers"; and Mr. Holthouse read a paper on "Twelve Months' Experience of the Treatment of Inebriates at Balham." In October of the same year I read a paper at a general meeting of the Social Science Association, in Liverpool, on "The Necessity for Legislation for the Control and Cure of Habitual Drunkards"; and in May, 1877, before the Manchester Statistical Society on "Dipsomania."

In the same year Mr. G. W. Mould, of Cheadle, and Dr. Norman Kerr, of London, read papers on the treatment of habitual drunkards in the Psychological Section of a general meeting of the British Medical Association at Manchester, and a resolution was unanimously passed in favour of the Bill introduced in that year by Dr. Cameron.

The "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards," which, as already stated, was established in September, 1876—taking for their guidance the report of the Committee of the House of Commons (1872), on Habitual Drunkenness, the late Dr. Donald Dalrymple's Bill founded on that report, and the various Acts already in operation in America and Australia—after considerable labour, and with the assistance of counsel, prepared a Bill for Parliament. This Bill was introduced into the House of Commons by Dr. C. Cameron, M.P. for Glasgow, in 1877; and again, in 1878, when, on the 3rd July, it passed the second reading in that House, without opposition, on Dr. Cameron consenting to withdraw the compulsory clauses. It was, however, too late to proceed any further with the measure during that Session. In the year 1879 it was reintroduced, and passing through the House of Commons, Lord Shaftesbury taking charge of it in the House of Lords. With a few modifications it received the Royal assent on July 3, 1879, and came into force on January 1, 1880. It does not come up to the expectations of the Society, but they congratulate all interested in the reformation of inebriates on the affirmation, by Parliament, of the principle on which the Act is based.

Inebriety is generally recognised as a functional disease of the nervous system, often inherited; occurring generally in those that have an acutely sensitive temperament, and are thus liable to morbid impressions and nervous exhaustion. In persons of this temperament there is an intolerance of stimulants, an ordinary quantity easily overcoming them. Still, the frequent depression produced by any extra mental or physical strain, or the disappointments and trials of life, to which such persons are painfully susceptible, prompt them to resort to stimulants for sustentation and comfort. But this only induces greater exhaustion, which demands still further supplies of stimulants; and thus an irresistible drink-craving is insensibly acquired, from which, unaided, extrication is almost impossible. Another class, though not necessarily of a nervous temperament, unwittingly fall into habits of intemperance, owing to the long-established, but injurious, social custom of introducing

stimulants on every possible occasion. This form of danger more particularly besets the working class, especially in the delivery of goods or messages, and when employed on extra jobs. Even ordinarily vigorous persons, by resorting to stimulants, with a view to support any unusual mental and physical strain, may become habitual drunkards before they are aware of any danger.

Gross, heavy drinkers are not the class this Act can often benefit; with them all right feeling is suppressed, there being no desire left to refrain from drinking. And yet even here, when undermined health or some drunken crime makes them amenable to the law, sickness or servitude enforcing abstinence, conscience striving to restore the better nature, advantage taken of the Habitual Drunkards' Act may encourage and strengthen, and thus restore even such degraded persons to their proper position as reasonable and responsible beings.

The Act passed last Session came into force at the commencement of the present year. Its provisions are permissive and in no way compulsory. It provides that persons, who, although not amenable to any jurisdiction in lunacy, being, nevertheless, by reason of the immoderate use of stimulants, at times dangerous to themselves or others, or incapable of managing themselves or their affairs, may voluntarily place themselves under control for any period not exceeding twelve months; and that during this time they must submit to the necessary restrictions and treatment of the retreat in which they place themselves. It further provides that institutions, established for the purpose of the Act, shall be subject to Government regulation and inspection.

The Act is only to remain in force for ten years. It is to be limited to voluntary effort, and to the voluntary act of the patient placing himself under its provisions, who must declare in a written application signed by himself, his willingness to remain in the retreat for a specified time. This must be attested by two justices of the peace, who are to explain to the patient the result of his application for admission into a retreat, and his reception therein; and such justices shall state in writing, that the applicant understood the effect of his application. This application shall also be accompanied by a statutory declaration of two persons to the effect that the applicant is an habitual drunkard within the meaning of the Act. The application must then be sent to the licensee of the retreat into which the habitual drunkard wishes to obtain admission. The applicant, after his admission and reception

into such retreat, unless discharged or authorised to leave on probation, shall not be entitled to depart from such retreat till the expiration of the term mentioned in his application, provided that such term shall not exceed twelve calendar months.

Persons admitted into such retreats may, at any time thereafter, be discharged by order of a justice, upon the request in writing of the licensee of the retreat, if it shall appear to the justice to be reasonable and proper.

Every retreat must be licensed; and a duly qualified medical man must be employed as medical attendant to such retreat, thus ensuring proper medical supervision.

No license shall be given to any person who is licensed to keep a house for the reception of lunatics.

Provision is made for registration and regular inspection.

An important provision of the Act is that which permits an habitual drunkard to live with any trustworthy person willing to receive and take charge of him; such person to be named in the license, and approved by a justice of the peace.

Any person escaping before the expiration of his prescribed period of detention, without being discharged, may be brought back; and when boarding out, can be sent back to the retreat if a fresh outbreak of drinking occurs.

Any person is liable to a penalty who ill-treats an habitual drunkard detained in a retreat; or induces, or knowingly assists in his escape therefrom; or gives or supplies (without the authority of the superintendent) any intoxicating liquor, or sedative narcotic, or stimulating drug, or preparation, to such patient; also who, being an officer, servant, or other person employed in or about a retreat, wilfully neglects any habitual drunkard detained therein. Inebriates do not incur any forfeiture of property through being detained in a retreat.

One defect of the Act consists in its restrictive scope, as the working class and paupers cannot avail themselves of the benefit of the measure unless aided by public benevolence; but for this purpose it is hoped that societies will arise, and save many inebriates from the workhouse, lunatic asylum, or prison. It is also hoped that the success of this tentative measure will be such as to induce the Legislature to extend its operation, and empower guardians and magistrates to establish retreats for those who are unable to pay for themselves. The ordeal of going before two justices of the peace may deter many, especially ladies, from availing themselves of the benefit of this Act; and the known vacillating and obstinate nature

of dipsomaniacs may prevent some most requiring it from being brought under the operation of the Act. Still, as many such institutions have long existed in this country with considerable success, even without sufficient power of control, and 94 per cent. of the inmates of American inebriate homes are voluntary, it is to be hoped that much good will result from this tentative, although incomplete, Act, from the absence of a compulsory clause.

From the numerous applications I have already received as to such institutions, I feel confident that well-managed inebriate retreats will succeed as a pecuniary investment; and, from the observations I made in America, in the recovery of a fair percentage of those who place themselves under care. The limitation to ten years will, however, we fear, prevent any considerable outlay for appropriate homes.

To the habitual drunkard, whether his disease be hereditarily induced, or due to habits of tippling, developed under the high pressure of modern business life, or even to the vicious drinker, this Act will prove a boon, and be the means of preserving and restoring to society many useful workers. Many of this class of incapables have been known to sign away their liberty, that they may be taken care of and emancipated from their irresistible drinking habits. Others have gone to America and placed themselves in inebriate homes in that country, because the institutions existing in Great Britain had not sufficient controlling power.

Hitherto medical men in this country have been powerless in their treatment of inebriates, not having sufficient control over them to prevent the use of stimulants, and to restore physical, mental, and moral tone. The efficient working therefore of an Habitual Drunkards' Act is designed to save individuals and families from poverty and misery; to prevent murders, suicides, and all kinds of crime; to be the means of lessening the chief source of lunacy and pauperism; and thus most certainly promote the prosperity of the country. In short, it depends very much upon the use made of the opportunity now given us, whether the lives of many inebriates shall be made a blessing to themselves and others, or shall continue to be a shame and a curse.

As a medical man I have felt deeply the need of legally authorised power for the care and treatment of habitual drunkards, and their restoration to society; and I am sure that the successful working of the Act will depend on the establishment of efficient, well-managed retreats. I therefore spent

my autumnal holiday in visiting some of the American inebriate homes; and I hope the information thus obtained may be generally useful in aiding the establishment of similar institutions amongst ourselves.

The condition inebriety is well distinguished from the vice drunkenness by Dr. Beard—whom I visited in New York, where he is in practice, devoting his attention particularly to nervous disorders—in four ways: first, by its irresistibility; secondly, by its periodicity or intermittent character; thirdly, by its transmissibility or hereditariness; fourthly, by its being generally associated with a nervous temperament, sometimes accompanied by hallucinations, delusions, sleeplessness, tremors, and nervous exhaustion. He considers that the disease drink-craving has much the same relation to the habits of drunkenness that some forms of insanity have to eccentricity; and, it is, to a great extent, the result of civilisation, which leads to the using up of nerve power. Savages, semi-savages, and barbarians, drink far more than enlightened nations; and yet the disease inebriety is not manifested amongst them. He found that brain exhaustion, which follows from loss of property, bereavement, sun-stroke, or railway accidents, may excite inebriety in those predisposed to that condition. In America sun-stroke is a frequent exciting cause. Dr. Beard has found air impregnated with salt an exciting cause in some cases; for some inebriates cannot go to sea, or even approach the sea coast, without suffering an attack, with headache, neuralgia, nervousness, and such like symptoms. He accounts for the greater frequency of inebriety in America, than in other countries, on climatic grounds—namely, the dryness of the air, and the extremes of heat and cold; and thus it is that inebriety, and other neuralgic disorders, are more common in the northern and eastern parts of the United States than in the southern, diminishing as we journey southwards to the Gulf States; and yet there is more total abstinence in the north than in the south. He says there is no country in the world where there is so much total abstinence from the use of stimulants, and at the same time so much inebriety as a disease, as among the people of the northern and eastern parts of the United States. Moreover, whilst the habit of drinking has been diminishing for the last twenty or thirty years among the better classes in the United States, the disease inebriety has been on the increase among the same classes. Dr. Beard considers that inebriety should be treated on the same principle as other nervous diseases—that is, first, by keeping the patient

from exposure to the exciting causes, and secondly, by fortifying the system with nerve sedatives and tonics.

In my American trip I started from Quebec, and visited Montreal and Toronto, and passing into the United States, at Niagara, I visited in succession Buffalo, Cleveland, and Chicago; then I pushed on north-west to Minneapolis, and St. Paul's, thence southwards to St. Louis, Cincinnati, and Washington, and finally to Philadelphia, New York, and Boston.

My connection with the society in England for obtaining legislative power for the control and cure of habitual drunkards gave me access to the American inebriate homes, in three of which I resided; whilst I spent much time in visiting three others. Every opportunity was afforded me for collecting information, and for holding intercourse, not merely with the superintendents of these homes, but with present and former inmates. Of these opportunities I fully availed myself; and I also had interviews with well informed and influential men in most of the cities I visited, and ascertained their views regarding the management and treatment of inebriates.

Inebriate homes have been established in America for the last twenty-two years. Most of the Local Governments, both in Canada and the United States, have laws recognising the necessity for the control and treatment of habitual drunkards, some States not only authorising their detention, but subsidizing the inebriate homes. The chief obstacle to the more general establishment of these homes arose from the want of a recognised uniform plan of management. This appeared to be particularly the case in Montreal and Washington, notwithstanding that clergymen, judges, medical men, and other influential persons, were strongly conscious of the necessity for such establishments, and were most desirous of having them. A like difficulty may hinder the successful working of the Habitual Drunkards' Act in this country.

Canada possesses but a single inebriate institution, while in the United States there are no less than twenty-six in active operation; and charters for the establishment of fourteen more have been obtained. My first visit was to the Belmont House Lunatic Asylum, near Quebec, where Dr. Wakham had devoted one wing of the establishment exclusively to the treatment of inebriates. He has met with very fair success, and was of opinion that, under more favourable circumstances, the average of cure would be 75 per cent. The impossibility, however, of entirely separating the two classes of patients, had proved a

serious drawback to his efforts. In Canada an inebriate can be interdicted and kept under restraint, if it can be proved before proper authorities that he is wasting his property, and neglecting and ruining those dependent on him. At Montreal there was no establishment for the treatment of habitual drunkards, although, as I have already said, the necessity for such was acknowledged; one had been attempted, but failed through mismanagement. Dr. Bessey, of Montreal, has, however, in private practice, treated inebriates with much success. He restricts such patients almost entirely to a vegetable diet, enforcing total abstinence from stimulants, soothing irregular nervous action by a careful regimen, vapour baths, and nervines; fortifying and restoring lost nerve power by tonics, as red Cinchona bark, Quinine, and preparation from the Coca plant, which last seems to possess a remarkable sustaining power over the nervous system. I saw one of his patients who had been for years a confirmed drunkard. He told me he could now manage himself by carefully observing Dr. Bessey's directions, and that he had been quite well for some time. He was then carrying on a successful business in Montreal.

A residence of three days at the Washington Home, Chicago, an institution for males, containing seventy inmates, afforded me a special opportunity for obtaining information by conversation with present and former patients, as well as with the authorities. This institution was doing valuable and successful work. During the last four years out of 1,104 cases treated, only 106 were known to have relapsed. Out of 273 patients admitted in 1878, all, except eighteen, up to the time of my visit, were known to be total abstainers. This institution receives, as a subsidy from the State of Illinois, 10 per cent. on saloon licenses. The Home was also built by a special State grant. In this institution more dependence is placed on moral, than medical treatment. In the voluntary admissions, habitual drunkards frequently enter the institution with a view to obtain temporary relief through medical aid, and without any hope of a permanent cure, having lost all confidence in again obtaining power of self-control. Also those persons who are committed by the courts usually enter the institution with dogged obstinacy, neither intending nor wishing to leave off their drunken habits. As soon as a patient leaves the infirmary, where all go for two or three weeks to get rid of the alcoholic contamination, Dr. Wilkins, a non-medical superintendent, devotes himself to the restoration of their moral

and intellectual strength, assuring the patient of success if an honest effort be made. Many of his patients, with whom I conversed, assured me that they attribute their recovery to the fresh hope which this aroused within them. The arrangements of this institution are excellent—a daily service is held before breakfast, and a special service during Sunday afternoon. During the week frequent lectures are given, and on Sunday evening old patients are invited to attend, who encourage the present inmates by relating their experiences.

At St. Louis I spent two days, visiting an inebriate home managed by Dr. Widney. He has been very successful in his treatment, especially of opium cases, which unfortunately are of frequent occurrence in America.

I had no time to visit the inebriate homes in the far west and south, or at Richmond and Baltimore. But I visited one at Philadelphia, called the "Franklin Reformatory Home for Inebriates," which is capable of receiving about forty inmates, thirty-seven being resident at the time of my visit. This had been established for seven years; and had a non-medical superintendent. During this period 1,014 cases had been treated, of which 493 were reported as being reformed, 142 as benefited, 326 as doubtful, and 53 as unknown. The average stay during the seven years was eight weeks. This short period is accounted for, from the fact that all were voluntary cases, and only favourable ones admitted. All classes were represented by the inmates, but the larger proportion was from among professional and business men. The treatment is, first medical, including the stoppage of alcoholic drinks; and this is succeeded by moral suasion and religious influences. I conversed with several old patients, one a lawyer, who had remained well for the last four years. He had rejoined his family, by whom he had been forsaken, and had resumed his practice. He attributed his recovery to the treatment and kind influence brought to bear upon him at the Franklin Home. Another patient, who had been well for seven years, said he needed to watch himself, or he should certainly fall back again into his old ways. There can be no doubt that much good work is being done at this institution.

I stayed two days with Dr. Parrish, at Burlington, New Jersey, who formerly superintended an inebriate institution, and has devoted his life to promoting the recovery of inebriates. He related in detail many successful cases; and he told me that he still held the views which he laid before a committee of our House of Commons in 1872—viz., that inebriates can

generally be successfully treated when there is authority for enforcing sufficient control. He gave me many useful suggestions, and introduced me to several medical men and others interested in the subject.

I then visited the Fort Hamilton Inebriate Home, Brooklyn, New York, where I resided eleven days. The Rev. J. Willett has been the superintendent of this institution since it was opened twelve years ago. It grew out of his labours in visiting the prisons of the city of Brooklyn. It is partly supported by a legislative grant of 15 per cent. of all license money collected in King's County for the sale of liquor, &c. This amounts to about 4,000*l.* annually, and is a practical illustration of the confidence of the people in the curative power and reformatory influences of the institution, inasmuch as the sum thus levied would otherwise go into the hands of the county treasurer for the city and county expenses. Drunkards likely to be benefited are committed by the authorities for a period of six months, and these are called free patients, of which there were ninety at the time of my visit. Inebriate patients, there as well as here, are often on the verge of confirmed lunacy, suffering from alcoholic mania—"mania a potu." Some marked cases, and, at the time, decided lunatics, were in the Home during my residence there. After a few months' careful management they generally recover, and are restored to society; whereas, if left to themselves, or sent to a lunatic asylum, they would most likely become permanent lunatics. Mr. Willett considers he saved fully forty-five such cases during 1878. Another portion of the building is set apart for gentlemen who pay from one to seven pounds a week, according to the accommodation required. About £3,000 was received in 1879 from these patients. There were twenty-six of this class in the Home. There were also several bad opium cases. I conversed with all classes of patients. The general treatment was similar to that adopted at Philadelphia and Chicago. The Home is in the suburbs of Brooklyn, seven miles from New York, and has about twenty-six acres of grounds. Patients are not allowed to leave the premises without permission from the superintendent. Careful classification of the cases is strictly carried out, but among so many there is no lack of society. The average stay at the Home is six months; all, and even the most confirmed cases, are admitted, many requiring a prolonged time for their recovery. Mr. Willett considers that a permanent recovery depends largely

on allowing sufficient time for restoration of nerve power, mental tone, and physical vigour. He considers six months often insufficient for complete recuperation of the will power. Both the compulsory and voluntary inmates were generally intelligent and well educated, there being as many as fourteen medical men, besides clergymen, lawyers, merchants, and artisans, within its walls in 1878, who thus showed their appreciation of its practical worth and success. In the same year, out of 400 patients received into the Home, there were only two deaths, although they included cases of delirium tremens, convulsions, and general prostration. Out of 211 who left the Home in 1878 as many as 131 were known to be doing well in the outside world, while 80 were lost sight of. There are more American, Scotch, and Irish than English and German patients, as the former are, as a rule, spirit drinkers, and the latter generally beer drinkers. The free patients are kept constantly at work; some in the buildings, and others on the grounds. I was informed that when the buildings were first erected the grounds were a complete wilderness. Now they are, for the most part, converted into a park, with walks, drives, a small lake, shrubberies, and flower and kitchen gardens. All this change has been chiefly brought about by the work of the free patients. The carpentering, decorating, cleaning, and general housework, as also the tailoring and dressmaking for those of the inmates who are supplied with clothes, as well as the printing for the institution, are nearly all done by male and female free patients, many of whom are the most intelligent and skilful men in the institution. There are religious services twice on Sundays; and occasional lectures are delivered, and concerts given, during the week. Attendance at the religious services is voluntary, as there are Roman Catholics and Jews among the inmates. Many of the old patients visit the institution and attend these meetings.

There is a small home for inebriates in New York city, which trusts entirely to religious influences for recovery. I could not obtain permission to visit this institution.

At Boston there is an inebriate home—the oldest in America, as it has been in existence twenty-two years. During that time it has been more or less under the able superintendence of Dr. Day, one of its founders. I spent two days in it. It is situated quite in the city of Boston, and has no grounds. After the patients leave the infirmary, in which they are detained from two to three weeks, according to the nature of their case, they are put upon their parole, and

are allowed to go in and out without much restriction. There were thirty-six inmates, all of whom were voluntary. There is no State aid, as at Fort Hamilton New York, and Chicago. The treatment is first medical, then moral and religious—much stress being laid on the influence of former patients, who are invited to visit the Home, especially on Sunday evenings. I conversed with several present and old patients, who bore ample testimony to the success of the management, and verified the completeness of their recoveries. Relapses were more frequent than in institutions with stricter supervision.

There are several private inebriate institutions near New York and Boston, but I had not time to visit them.

The recovery amongst the compulsory cases in American inebriate institutions was highly satisfactory. Several such patients told me that they entered the institution with sullen opposition, and a determination to return to drinking habits as soon as they left; but the treatment and kindness received roused their better nature, and awakened a sincere desire to alter their whole course of life. I found that in many instances they had left their former occupations, rather than return to old associations. In one case, a decidedly vicious habitual drunkard gave me a very vivid account of his former condition, and revengeful feelings, at being forced to go into the Chicago Home. He told me how he had gradually been led, by the treatment there received, to alter his course of life; he gave up his former lucrative employment as captain of a vessel in Lake Michigan, rather than return to his old occupation and companions. When I saw him he had been several years out of the institution, employed in a stove manufactory, had since been married, and acknowledged himself a happy, prosperous man, attributing it all to the treatment he received at the Chicago Inebriate Home.

At a meeting at the Fort Hamilton Home I met an English gentleman who had been abandoned by his relations on account of his confirmed drunken habits, and, being sent to America, was placed by the authorities of New York in that home. The kind treatment there received so acted upon him that he quite gave up his drinking habits, and is now a popular preacher in Boston. He gave a decided opinion as to drink-craving being a disease, which can only be kept in abeyance by determined abstinence. He said his temptation even then, after years of abstinence, was most distressing; and he firmly believed that unless he looked above for help, he would sometime break out again; he certainly would if he tasted the

least drop of stimulants or returned to old associations or habits. Another former inmate of this home, who had been compulsorily placed there, was then a clerk in the home. He never dared even take soda-water, as its association with drink was so strong that he was afraid to trust himself. I could mention many other individuals from whom I obtained, both at Chicago and Brooklyn, like interesting experiences.

During my residence at the Fort Hamilton Inebriate Home, Brooklyn, a meeting was held of influential medical men and others, from the eastern States, interested in the movement. The meeting was presided over by Theodore L. Mason, M.D., of Brooklyn. A series of resolutions, referring to the successful working of inebriate institutions under proper management, were proposed and adopted; one of which ran as follows :—

“That notwithstanding the embarrassments to which some of our institutions have been subjected from want of pecuniary means, the work they have done has been quite as much as was anticipated, and the results of said work have been satisfactorily determined to be at least 35 per centum for recoveries from confirmed inebriety.”

An “American Association for the cure of Inebriates” has existed in the United States for several years, of which Dr. T. D. Crothers, of Hartford, Connecticut, is secretary; this association has published a Quarterly Journal for the last three years. I found, in the inebriate homes I visited, that success depends on judicious arrangements, and intelligent, efficient superintendence. Several old inebriate institutions, as those of Ward Island and Binghampton, had failed entirely from improper management and political interference. When judiciously managed they have prospered, and have been highly instrumental in restoring to society many useful workers who would otherwise have been lost to it, or remained a burden on it.

There is no doubt that if the Habitual Drunkards’ Act could be brought to bear on the criminal and working classes, it would greatly contribute towards lessening drunkenness in our country, with all its attendant evils. If the charitable public can be induced to start institutions which will receive these classes, magistrates might give in drunken cases, which are so repeatedly brought before them, the option between going into an inebriate retreat, if such existed ready to receive them, or being sent to prison. This unfortunate class would, as a rule, I think, readily consent to the former alternative; and

in this way our magistrates would be relieved of a great difficulty, and infatuated, helpless individuals would be put in a position favourable for the recovery of their lost moral and intellectual power.

There are institutions of this kind in London; but not, of course, for magisterial committals. One established by Mr. and Miss Antrobus, at Spelthorne Sanatorium, Feltham, for females; another, the St. James's Inebriate Home, Ebenezer Terrace, Kennington, also for females. We hope similar institutions will soon be opened both in London and in other parts of the country for both males and females.

At a conference held at the British Medical Association Rooms, 161A, Strand, on January 28th, it was determined to form a Dalrymple Retreat for the treatment of Inebriates under the new Act, to be established on a moderate basis by voluntary contributions, and afterwards to be self-supporting. It was considered that a small retreat might be started for about £2,000, to cover the first two years' expenses. It therefore only remains now for us to look hopefully, and even confidently, to our philanthropic friends to raise, by voluntary contributions, this necessary sum, and thus to give an opportunity of bringing the new Act into operation.





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